

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number	09/893,100
Filing Date	06/26/2001
First Named Inventor	Peter Chow
Art Unit	2661
Examiner Name	Ian N. Moore
Total Number of Pages in This Submission	10
Attorney Docket Number	F0999

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s) Fig. 3 (1 replacement sheet)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Winstead Sechrest & Minick P.C.		
Signature			
Printed name	Robert A. Voigt, Jr.		
Date	11/09/2005	Reg. No.	47,159

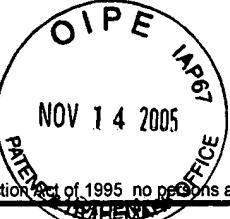
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Toni Stanley	Date	11/09/2005

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PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees are subject to annual revision.

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **500.00**

## Complete if Known

Application Number	<b>09/893,100</b>
Filing Date	<b>06/26/2001</b>
First Named Inventor	<b>Peter Chow</b>
Examiner Name	<b>Ian N. Moore</b>
Art Unit	<b>2661</b>
Attorney Docket No.	<b>F0999</b>

## METHOD OF PAYMENT (check all that apply)

Check     Credit Card     Money Order

Deposit Account     None

Deposit Account Number	<b>01-0365</b>
Deposit Account Name	<b>Advanced Micro Devices, Inc.</b>

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): \_\_\_\_\_

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## FEE CALCULATION

### 1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

**Subtotal (1) \$**

**Subtotal (2) \$**

### 2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

**Total Claims      Extra Claims      Fee (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims      Extra Claims      Fee (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims      Fee (\$)**

\_\_\_\_\_

**Subtotal (2) \$**

### 3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
1-month extension of time	120	60	_____
2-month extension of time	450	225	_____
3-month extension of time	1,020	510	_____
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	500.00
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____
Other:	_____	_____	_____

**Subtotal (3) \$ 500.00**

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <b>47.159</b>	Telephone <b>512.370.2832</b>
Name (Print/Type)	<b>Robert A. Voigt, Jr.</b>		Date <b>11/09/2005</b>

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